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|---|--|--|--|
| Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriation Act, 2005 (H.R. 4818) FEE TRANSMITTAL For FY 2005 JAN 17 2006 Applicant claims small entity status. See 37 CFR 1.27 | | Complete if Known Application Number: 09/965,473 Filing Date: September 26, 2001 First Named Inventor: GUINAN, Terry A. Art Unit: 3731 Examiner Name: BAXTER, Jessica R. Attorney Docket Number: PA1046 | |
| TOTAL AMOUNT OF PAYMENT | | (\$) 120.00 | |

METHOD OF PAYMENT (check all that apply)

- ☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____
- ☒ Deposit Account Deposit Account Number: 01-2525 Deposit Account Name: Medtronic Vascular, Inc.
 For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)
- ☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, **except for the filing fee**
- ☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit Card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING Fee (\$) | FEES Small Entity Fee (\$) | SEARCH Fee (\$) | FEES Small Entity Fee (\$) | EXAM. Fee (\$) | FEES Small Entity Fee (\$) | Fees Paid (4) |
|------------------|-----------------|----------------------------|-----------------|----------------------------|----------------|----------------------------|---------------|
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | \$ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | \$ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | \$ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | \$ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | \$ |

2. EXCESS CLAIM FEES

| Fee Description | Fee (\$) | Small Entity Fee (\$) |
|---|----------|-----------------------|
| Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent | 50 | 25 |
| Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent | 200 | 100 |
| Multiple dependent claims | 360 | 180 |

| Total Claims | Extra Claims | Fee (\$) | Fee Paid (\$) | Multiple Dependent Claims | Fee (\$) | Fee Paid (\$) |
|--|----------------------|----------|---------------|---------------------------|----------|---------------|
| _____ | - 20 or HP = _____ x | \$ _____ | = \$ _____ | _____ | \$ _____ | \$ _____ |
| HP = highest number of total claims paid for, if greater than 20 | | | | | | |

| Indep. Claims | Extra Claims | Fee (\$) | Fee Paid (\$) |
|---|---------------------|----------|---------------|
| _____ | - 3 or HP = _____ x | \$ _____ | = \$ _____ |
| HP = highest number of independent claims paid for, if greater than 3 | | | |

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| Total Sheets | Extra Sheets | Number of each additional 50 or fraction thereof | Fee (\$) | Fee Paid (\$) |
|--------------|----------------------------|--|----------|---------------|
| _____ | - 100 = _____ / 50 = _____ | (round up to a whole number) x | = | \$ _____ |

4. OTHER FEE(S)

| Other: | Fee Paid (\$) |
|--------------------------------|---------------|
| Petition for Extension of Time | \$120.00 |
| Other: _____ | \$ _____ |

SUBMITTED BY

| | | | | | |
|-------------------|---------------------------------------|------------------|------------------|-----------|--------------|
| Signature | /Catherine C. Maresh, Reg. No. 35,268 | Registration No. | 35,268 | Telephone | 707.543.0221 |
| Name (Print/Type) | Catherine C. Maresh | Date | January 12, 2006 | | |

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (any by the USPTO to process an application). Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop Express Abandonment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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| | | | |
|--|------------|------------------------------------|------------------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) PA1046 | |
| FY 2005 (fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818)). | | | |
| Application Number: 09/965,473 | | Filed: September 26, 2001 | |
| For: GUINAN, Terry A. | | | |
| Art Unit: 3731 | | Examiner: BAXTER, Jessica R. | |
| This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application. | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | |
| | <u>Fee</u> | <u>Small Entity Fee</u> | |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$120 | \$60 | \$ <u>120.00</u> |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$450 | \$225 | \$ _____ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1020 | \$510 | \$ _____ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1590 | \$795 | \$ _____ |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2160 | \$1080 | \$ _____ |
| Applicant claims small entity status. See 37 CFR 1.27 | | | |
| <input type="checkbox"/> A check in the amount of the fee is enclosed. | | | |
| <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. | | | |
| <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. | | | |
| <input type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>01-2525</u> . I have enclosed a duplicate copy of this sheet. | | | |
| WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | |
| I am the <input type="checkbox"/> applicant/inventor | | | |
| <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. | | | |
| Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | |
| <input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>35,268</u> | | | |
| <input type="checkbox"/> attorney or agent under 37 CFR 1.34. | | | |
| Registration number if acting under 37 1.34 _____ | | | |
| 01/18/2006 MWLDGE1 00000025 012525 09965473 | | | |
| 120.00 DA /Catherine C. Maresh, Reg. No. 35,268/ Signature | | January 12, 2006 Date | |
| Catherine C. Maresh Typed or printed name | | 707.543.0221 Telephone Number | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | |
| Total of _____ forms are submitted. | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the publish which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should not be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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